CCL.308 Rev. 9/2003

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 (785) 296-1270 Fax (785) 296-0803



PROGRAM DIRECTOR'S ANNUAL REPORT

License Number	County	
Official Name of the facility as stated on the license		
Physical Address of the Facility:		
Street Address	City	Zip Code
Program Director Information:		
First and Last Name of the On-Site Program Director		
Qualified as a Program Director for a total license capacity of : Total license capacity of the facility:		
The Program Director MUST obtain five (5) clock hours of in-se reports and videos not part of a group discussion are not accepted. local child care facility surveyor.		
All individuals counted in the child/staff ratio must obtain ten (Book reports and videos not part of a group discussion are not acceal child care facility surveyor.		
By KDHE definition, in-service means job-related training. For a areas that relate to teaching and working with infants and toddlers a job-related training, refer to the <i>Core Competencies for Early Care</i> of this document are available through the Kansas Association of C 2548.	and their families and Education Pi	. To assist you in determining appropriate rofessionals in Kansas and Missouri. Copies
In-service training that has been KDHE approved for clock hours, e education academic credits is available in most communities on ar surveyor or the local child care resource and referral agency for infe	on-going basis.	Please contact your local child care facility
The Program Director and all Teaching staff must meet minimu Licensing Preschool and Child Care Centers [K.A.R. 28-4-429, K.A. Documentation of education and experience must be on file for each	.R. 28-4-435(d),	
All individuals caring for children are to have documentation on fil Symptoms of Illness, Neglect, and Child Abuse [K.A.R. 28-4-43 facility the first day the individual begins working with children.		
The chid care facility surveyor or KDHE is to be notified of any charge as required by K.A.R. 28-4-422		
I understand that the facility is to be in compliance with all app times, including staff qualifications, in-service training, and sta		re licensing laws and regulations at all
Program Director Signature		Date (MM/DD/YYYY)